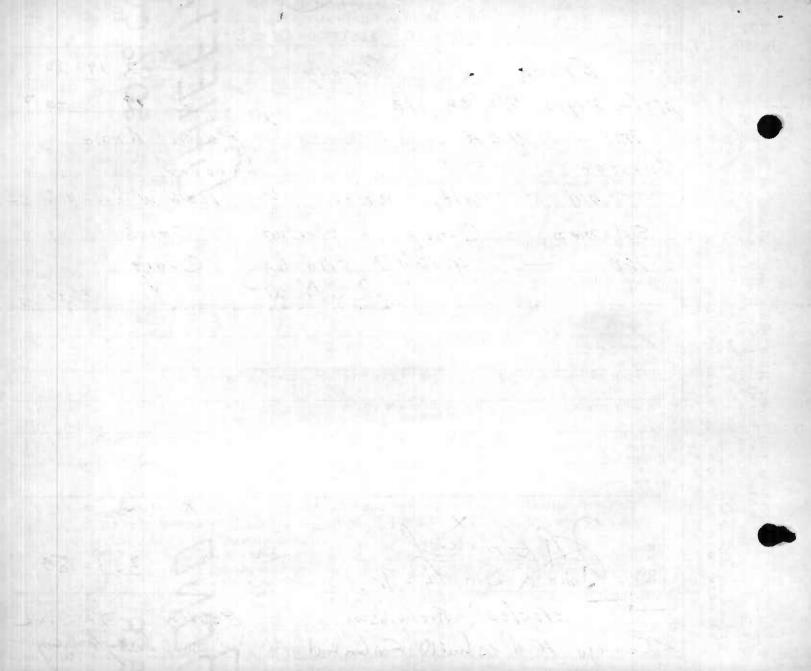
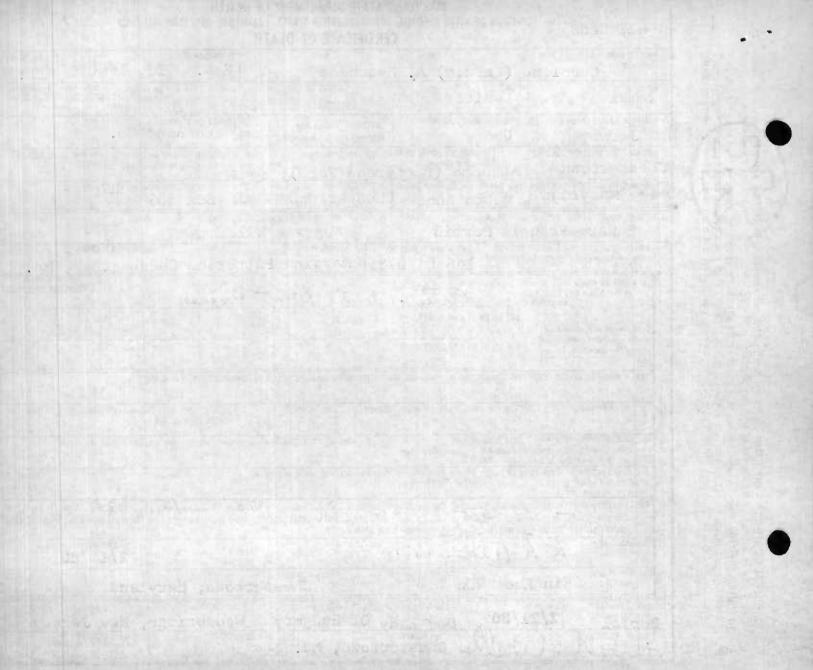


		STATE OF MARYLAND	63 (3)
		DEPARTMENT OF HEALTH AND MENTAL HYGUINE U	Em 7 3
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
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M M TO BE		10 - 217.16.611 Charles Craig	
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the the		DUE TO, OR AS A CONSEQUENCE OF	/
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W. cerrote, ded ded		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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AED Plec	DICA	CAUSE OF DEATH P.M. 19	
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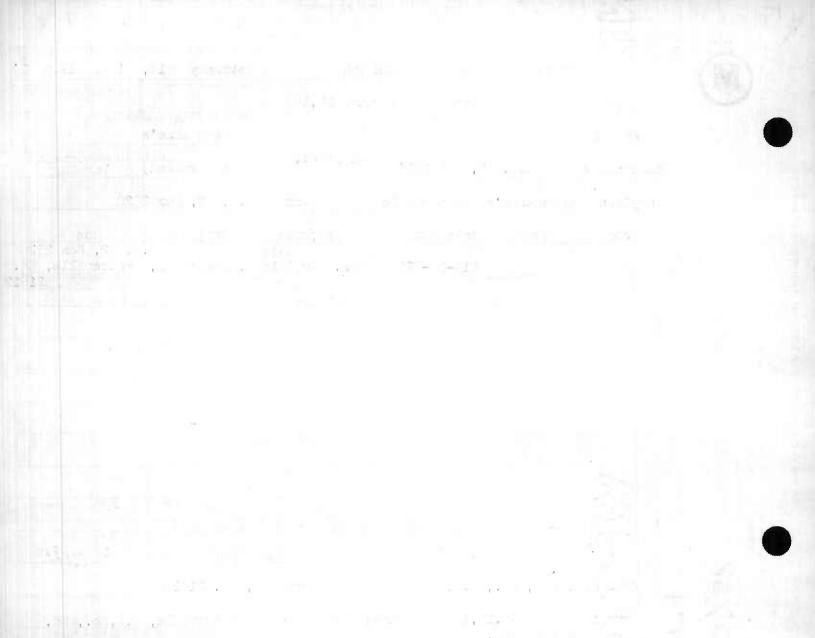
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1	1	MARYLAND STATE DEPARTMENT OF H	
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4		CERTIFICATE OF DEATH	
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Vithin 2	10.	CITY OR TOWN OF DEATH RFD 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL	OCCUPATION (Kind of work done st of working life, even if retired.) Sewlice 12b. KIND OF BUSINESS OR INDUSTRY
ertificote be executed within 24 haurs after death physicion and completely filled in by the funeral ten please remave carbon popers. Rages 1 and 2 oval, and in ony event, within 72 hours after death.	13o. odm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before ission) SMaryland 13b Outen Anne Chestertownyss Maryland	1757 13e. STREET AND NUMBER RFD # 1
be exe and conditions	14.	FATHERS NAME First Middle Lost IS. MOTHER'S MAIDEN NAME FIR Edward Francis Martin Augusta Wil	
rificote hysicion pleas	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (des, no, or unknown) (II yes give war or dates of service) (II yes	Address RFD# 1 terson Chestertown, Md.
ot the death co the ottending nsit permit. The matian, or rem		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF rise to immediate couse (o). (b) (b)	APPROXIMATE INTERVAL
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transity should be filed with the State Dept. of Health prior to burial, cremating the state of	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	
The lor ratten ratten shos be use os use of lith price	CERTIFICATION	19a. Date of Operation 19b. Condition for which operation was performed 20o. Autopsy? YES NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ilCIAN: pitol o rrifficote ed for of Hea	MEDICAL CI	(If either, notify medical examiner) P.M. Month Doy Year	nature of injury in Port 1 or Port 2, Item 18.)
s PHYS the hose this ce detoche e Dept.	W	21d. INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street of R.F.D. No.	City or Town County State
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DOR A be rether black of a skilled with			D. STAFF 2/14/80
ro Hospital Page 4 may ro Funeral director, pog should be fil			town, Maryland
TO HO Page TO FUI direct		Burial 2/21/80 our Lady Of Hungary	23d. LOCATION (City or Town) (County) (Stote) Woodbridge, New Jersey
VR At5 (4) 45M - 1/69	24.	FUNERAL DIRECTOR Chestertown, Md 250 REC'D BY Chestertown, Md 250 REC'D BY	REGISTRAR 0 1980 25b. REGISTRAR'S SIGNATURE



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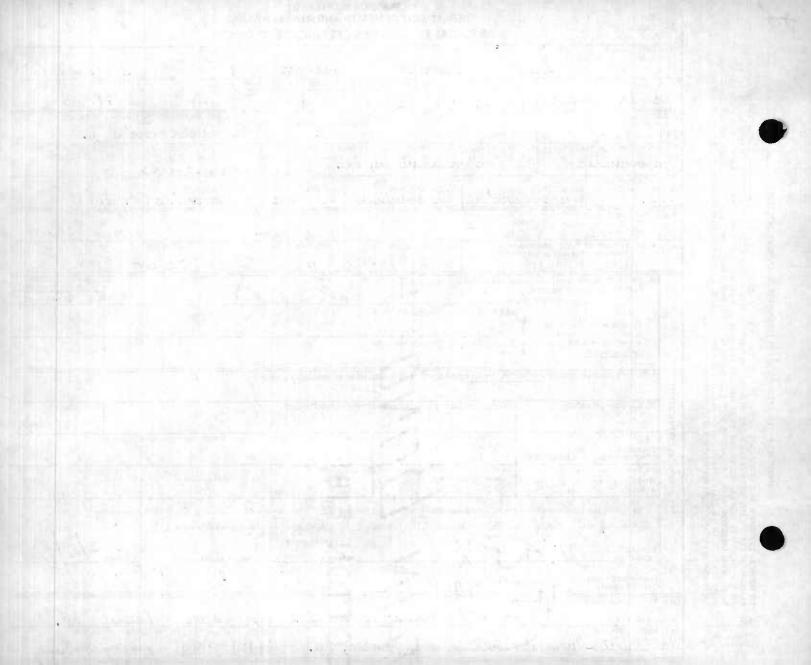


*		STATE OF MARYLAND	
	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN U S STATE	
		REGISTRAR CERTIFICATE OF DEATH REG. NO.	
(N. W.)		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOLE OF PRINT)	JR
14)63		KITA M. LINDSAY 2 13 80 9=	AM
1 2 2	3. SEX	X ARACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UN	R 24HR5
ector 4	1	Female White 1-28-1919 61 YRS	Wild
Pod dir		IRTHPLACE ISTATE OF FOREIGN 76, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9, BALTIMORE CITY OR COUNTY OF DEATH	
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ter o	10 CI	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSIN (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	ESS OR
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D 212	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 CAY OR TOWN 136 INSIDE CITY LIMITS? 138 STREET ADDRESS 1	,
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completed with the completed wit		Thomas J. Finn Katherice Mortan	
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Me e e		10 - 216-05.9807 Mr. Wilbur Finn-Stevensville MD.	
Sicion pers. ol.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) APPROXIMATE INTE	RVAL
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ION OF HYSICIA nding pl nis certif buriol-t Mental or frem	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
PHYSICIAN: tending phys this certifica he buriol-tra nd Mental Hy ed or item 18	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY 5	TATE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DING PHYSKIAN: The low requires that the death certificate or ottending physicion. After this certificate has been signed by the attending phe os the burial-transit permit. Then please remove carbonp oith and Mental Hygiene prior to burial, cremation, or remanded or Item 18 shows ony injury, or ather traumatic even	2	WHILE NOT WHILE AT WORK	
Do , ao E		22a.1 certify that (I) (this hospital) attended the deceased from	(we) lost
TTE Pito for of h		sow the deceased alive an 19 ond that in (my) tom) opinion death occurred on the date and hour and from the causes st	oted
OR A he hos DIREC Coched Dept.		226. SIGNATURE DEGREE 226. DATE SIGNED	
AL O r the AL D detocl ote Do IT: If I		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2-17	Su
HOSPITAL Inded by th FUNERAL Wild be dete to h the Stote		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	
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DHMH - 16 50M 1/76	24 FL	UNERAL DIRECTOR SOLD HALL SOLD BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
(VR A 15 (4))		Robert S. Barraneo - severna Park FEB 1 9 1980 Interpreha	Ly

(VR A 15 (4))

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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATION OF FOUR BE FOUR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND, 2	22 0	(TITE ONT NOTE)		7.5	I.	or course			1041.44				/	
F E E E E E E	. 13	URIAL, CREMATION, REMOV	AL 236. DAT		115	ME OF CEMETI	RY OR CRE	MATORY	Z3d. LO	CATION	-	COUNT	ty	STATE
BP	1	BURIAL	2-1	13-80	WOO	od Laun	Memo	orial P		aston	10	albox	t Md.	
DHMH - 17	24. F	UNERAL DIRECTOR						25a. DATE	E REC'D. BY	REGISTRAR	256. REGIST			
(VR A15 ME (5))	110	Itenbein-Hub	band .	Funens	1 Hom	o Chor	on 1	lid.	SED 1	0 100	n 2	with.	han	
30M 7/73	116	The contract	o corace r	· carea	~ IIOIII	در در در	1109 1	14.	FEDI	9 130	N /	1	7/100	worky



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212015 CERTIFICATE OF DEATH lost 2o. DATE OF DEATH 1. DECEASED-NAME First Middle Tuneral I and 2 or death. after death Month (Type or print) Yeor Helen Ree Stevens 4. RACE S. DATE OF BIRTH IF UNDER † YEAR 3. SEX last birthday) MONTHS DAYS Female White Aug. 23, 1889 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Md . U.S.A. Queen Anne's WIDOWED T DIVORCED [Co. The law requires that the death certificate be executed within 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 1D. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) giv Corect addras 12 18 **INDUSTRY** Centreville Hills 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md. 13b. COUNTY Co. Church H1717 X NO none 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Middle William Tilden Roe Martha Graham 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 220-34-7525 Louise Stevens. Church H111 Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Oyears IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the TO FUNERAL DIRECTOR: After this certificate has been 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 use 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) UNDERLYING 21b. TIME OF INJURY Į. DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County Stote 21d. INJURY OCCURRED City or Town While Not while at work 220. I certify that (1) (this hospital) attended the deceased from saw the deceased olive on 1980, and that in (m . 1960 , to , that (I) (we) lost , and that in (my) (our) opinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (elid not) view the body after death. 22c. DATE SIGNES 22b. SIGNATURE ATTENDING DIRECTOR DEGREE director, page shauld be filed 22e. ADDRESS 22d. PHYSICIAL John R. Smith Jr. M.D. Centreville . Md. 21617 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL CREMATION. benevales cify) 2-20-80 Church Hill Cemetery Church Hill Q.A.Co. FUNERAL DIRECTOR

ADDRESS

ADDRESS

250. RECULENCE AND PROJECTION ADDRESS

Helfenbein-Hubbard Funeral Home, Chesterne Md. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25m-1/70

MARYLAND STATE DEPARTMENT OF HEALTH

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FOR - STATE REGISTRAR

STATE OF MARYLAND	- 6
DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	

DEPARTA	MENT OF HEALTH AND MEN CERTIFICATE OF DEA			. NO.	5	5 () 5	
DDLE	LAST		20 DATE OF DEATH	MONTH	DAY	YEAR	2h HOL	IR O
AY	SUPERS, S	r.	Februa	ry 26	, 1	980	12:	15 M
	S. DATE OF BIRTH		6 AGE IN YEARS LAST	BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	June, 15, 19	16	63	YRS	MONTHS	DAYS	HOURS	MIN
HAT COUNTRY?	MARRIED TO NEVER MAR	DIED 🗆	9 BALTIMORE CITY	Y OR COUNT	Y OF DE	ATH		
	WIDOWED DIVOR		Queen	Anne '	S			MD

13e STREET ADDRESS

MIDDLE

ADDRESS

COUNTRY) Penna. U.S.A. WIDOWED DIVORCED | CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Home

17 INFORMANT

YES K

12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Garage Mech. Auto.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN Md. Sudlersvil

4 RACE

White

7h CITIZEN OF W

MIDDLE LAST

15 MOTHER'S MAIDEN NAME FIRST Frances

13d INSIDE CITY LIMITS?

Sinaphous

years

Supers WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WW

PART I. DEATH WAS CAUSED BY

CHESTER

Ida Mae Supers. 18 CAUSE OF DEATH (Enter only one cause per line for to

Sudlersville.Md.

Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse

198 DATE OF OPERATION

1. DECEASED NAME (TYPE OR PRINT)

Male

4 FATHER'S NAME

Edward

TO BIRTHPLACE STATE OF FOREIGN

Sudlersville

3 SEX

at

19h. CONDITION FOR WHICH OPERATION WAS PERFORMED

Supers

MYOCARDIAL INFARCTION

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116

OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	(
LIE EITHER NOTIEV MEDICAL EXAMINER	PAA	

IMMEDIATE CAUSE

DAY YEAR 19

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

20s AUTOPSY?

21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE

211. LOCATION

CITY OR TOWN COUNTY STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an.

22b. SIGNATUR

and that in (my) (bor) apinian death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death DEGREE

ATTENDING MEDICAL STATE

STATE

Md

NO [

774 PHYSICIAN'S NAME LITTLE OF PRINT!

Harry P. Ross, M.D.

22e ADDRESS

Chestertown Md. 21620 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Edward

CERTIFICATION

MEDICAL

Burial 4 FUNERAL DIRECTOR

Fellows & Son.

23b. DATE

Millington, Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MIAK 4

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

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burial-tronsit

and Mentol Hygiene Item 18 shows

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21

MPORTANT: If Item

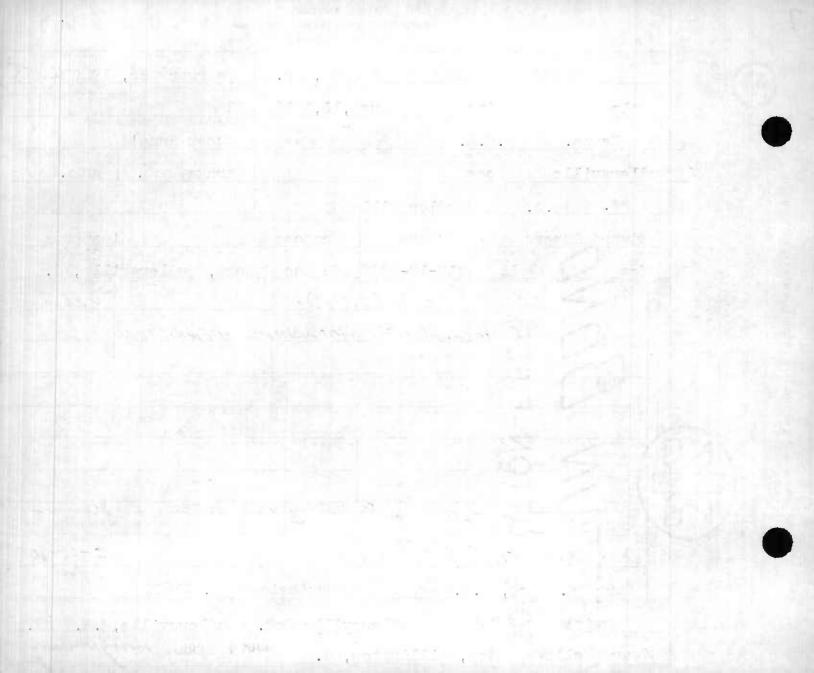
should be detoo

Sudlersville Cem

1280

Sudlersville progray/Kelreade

COUNTY



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages I and 2 should be filled within 72 hours offer deal with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or ather traumatic event, the medical Exaginine finux, be not thed of cores.

Page 4 may be

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

C

-		REGISTRAR			TEATE OF PEATE	REG. NO).		
		CEASED NAME FIRST (CAPILITY)	Elizab	eth	Thomas	20. DATE OF DEATH	2-11-1	980	26 HOUR 6:50
3	SE)	Female	1. RACE Vhite		F 1908 YEAR	6 AGE (IN YEARS LAST BIRTI	MONT	HS DAYS	# UNDER 24 HR HOURS MIN
70		RTHPLACE (STATE OR FOREIGN) DUNTRY) Maruland	76 CITIZEN OF WHAT COUNTRY!	MARRIE WIDOWE	D MEVER MARRIED L	BALTIMORE CITY OF		DEATH	,
)	2	tevensville	11. NAME OF HOSPITAL, NURSI (IF HOT IN SUCH FACILITY, GIVE STREE N.Z. IF) DOX 4	14 CO		TYPE OF WORK FOR MOST OF		26. KIND O	BUSINESS C
5	Me	AL RESIDENCE (IF NURSING HOME OR ITALE 136 COUN DRIVE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO TY 13c. CITY OR TOV SLevens!	VN. //	YES NO NO	Same as abo	ove		
70:		(harles .	Schei		15. MOTHER'S MAIDEN NAMI FIRST exerc	MIDDLE		Lande	on
16		VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 215-16-2	,	Harry Arthu	in Thomas,	Same a	s abov	1e
CEDTIEICATION	ICALION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF THE CONTRIBUTING TO	UE OF LION DEATH BUT		NAL DISEASE OR CONE	DITION GIVEN I 20b. IF YES, WI IN CERTIFY INC	ERE FINDIN	GS USED
1 2	7	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR	21¢ HOW INJURY OCCURRE	YES NO (ENTER NATURE OF INJUR	YES T	2	ио 🗌
DIGENIC	MEDI	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N (COUNTY	STATE
		22a.1 certify that (1) (this hospitsow the deceased alive on above, (1) (i/e) (did/did/not) 22b. SIGNATURE	ol) ottended the deceased from,	, or		MEDICAL STAP	te and hour an		
		22d PHYSICIAN'S NAME (TYPE OR Kayihan Mut			220 ADDRESS Stevensyi	// // 2	1666	and a	
L	(:	Burial, CREMATION, REMOVAL		Len Ho	emetery or crematory iven Mem. Park	GLEN DUNN	ie, A. A.	To Ma	ryland
24	MC	ineral director cully funeral i	Home, 237 E. Pata	osco A	ve. Balto. dfE	B 1 3 1980	256. REGUSTRAD	3519740	Creody

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

retained by the hospital or attending physician.

TOSEL & A BERTHAMAN CONTROL OF THE PARTY OF